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CONFIRMATION NO. 3289

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/605,239	09/17/2003	701	3661	28679/05381 (02-084 US)
<b>APPLICANTS</b> Joseph M. MacNamara, Ashland, OH; Gusztav Holler, Elyria, OH; Cem Hatipoglu, Rocky River, OH; William P. Amato, Avon, OH; Julie A. Miller, Lorain, OH; Jeffrey A. White, Sheffield Lake, OH; James P. Porter, Tallmadge, OH;				
<b>** CONTINUING DATA *****</b> <i>Y CHN</i> This appln claims benefit of 60/412,595 09/20/2002				
<b>** FOREIGN APPLICATIONS *****</b> <i>N</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 07/20/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY OH	SHEETS DRAWING 3	TOTAL CLAIMS 29
INDEPENDENT CLAIMS 4				
<b>ADDRESS</b> 24024				
<b>TITLE</b> REMOTE DIAGNOSTICS DEVICE (RDU)				
<b>FILING FEE RECEIVED</b> 1126	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	